

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



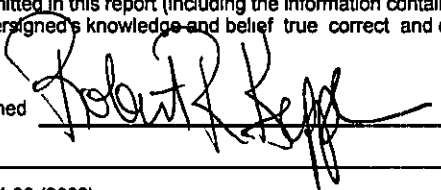
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 15499	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Robert Keppler P O Box Bldg Room No if any Street 1126 Dorchester Lane City Bartlett State Illinois ZIP Code +4 60103	4 Name file number and address of labor organization Name Automobile Mechanics Local 701 Labor Organization File Number 016-910 P O Box Building and Room Number if any Street 500 W Plainfield Road City Countryside State Illinois ZIP Code +4 60525-3580
5 Position in labor organization Assistant Directing Business Rep	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 08/10/2005	(708) 482 1720
	Date	Telephone Number

Name of Person Filing Robert Keppler	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Local 701 Pension Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 500 West Plainfield Road</p> <p>City Countryside</p> <p>State Illinois ZIP Code + 4 60525</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Related Trust Fund</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p> <p>Reimbursement from Trust Fund for Department of Labor and ERISA required educational conference for food travel and lodging in the exercise of my fiduciary duty</p>
	<p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name Jacobs Burns Orlove Stanton & Hernandez</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 122 S Michigan Ave Suite 1720</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603-6145</p>	<p>14 a Nature of payment</p> <p>12/6/04 Christmas Box of Chocolates</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p>\$30</p>

Name of Person Filing Robert Keppler	File Number U
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Jacobs Burns Orlove Stanton & Hernandez Trade Name if any P O Box Bldg Room No if any Street 122 S Michigan Ave Suite 1720 City Chicago State Illinois ZIP Code + 4 60603-6145	14 a Nature of payment. 7/27/04 2 Baseball tickets
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$78

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Legacy Professionals LLP Trade Name if any P O Box Bldg Room No if any Street 30 North LaSalle Street Suite 4200 City Chicago State Illinois ZIP Code + 4 60602	14 a Nature of payment 08/12/04 Golf & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. \$160

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monroe Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment 12/ /04 Holiday gift box
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment \$26

Name of Person Filing Robert Keppler	File Number U
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monroe Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment 04/30/04 Baseball ticket & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div align="right">\$114</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monroe Street City Chicago State Illinois ZIP Code + 4 60603	14 a Nature of payment. 05/26/04 2 Baseball ticket & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. <div align="right">\$226</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Mesiro Financial Trade Name if any P O Box Bldg Room No if any Street 350 North Clark Street City Chicago State Illinois ZIP Code + 4 60610	14 a Nature of payment. 06/09/04 Baseball ticket & food
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <div align="right">\$93</div>

Name of Person Filing Robert Keppler

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Amalatrust

Trade Name if any

P O Box Bldg Room No if any

Street One West Monroe Street

City Chicago

State Illinois

ZIP Code + 4 60603

14 a Nature of payment.

12/03/04 Business Meeting

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

\$90

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Amalatrust

Trade Name if any

P O Box Bldg Room No if any

Street One West Monroe Street

City Chicago

State Illinois

ZIP Code + 4 60603

14 a Nature of payment.

04/13/04 Baseball game & food

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$105

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment